## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number 10661801

| CLAIMS AŞ FILED - PART I (Column 1) (Column 2)   |  |   |                                       |                               |                             |                                    |          |            | SMALL ENTITY TYPE      |         | OTHER THAN          |  |   |
|--|--|---|---------------------------------------|-------------------------------|-----------------------------|------------------------------------|----------|------------|------------------------|---------|---------------------|--|---|
| TO   | TAL CLAIMS                                     |   | 29                                    |                               | 100.0                       | ]                                  |          | RATE       | FEE                    |         | RATE                | FEE  |   |
| FO   | R  | •   | NUMBER FILED                          |                               | NUMB                        | ER EXTRA                           |          | BASIC FEE  | 375.00                 | OB      | BASIC FEE           | 750.00   |   |
|  | TAL CHARGEA                                    | RIE CLAIMS                                | 04.                                   |                               | • 9                         |                                    |          | X\$ 9=     | 81                     | 1       | X\$18=              |  |   |
|  |  |   | 2                                     |                               | -                           |                                    |          | A\$ 9=     | 0 /                    | OR      |                     |  |   |
|  | EPENDENTA                                      |   |                                       | inus 3 =                      | 4 -                         |                                    |          | . X42=     |                        | OR      | X84=                |  |   |
| MU   | LTIPLE DEPEN                                   | IDENT CLAIM PI                            | RESENT                                |                               |                             |                                    |          | +140=      |                        | OR      | +280=               | •  |   |
| • 11   | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                               |                             | column 2                           |          | TOTAL      | 45%                    | OR      | TOTAL               |  |   |
| CLAIMS AS AMENDED - PART II  |  |   |                                       |                               |                             |                                    |          |            | <u> </u>               | •       | OTHER               |  | l |
| (Column 1) (Column 2) (Column 3)   |  |   |                                       |                               |                             |                                    |          |            | ENTITY                 | OR      | SMALL               | ENTITY   |   |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUM<br>PREVII<br>PAID | BER<br>OUSLY                | PRESENT<br>EXTRA                   |          | FATE       | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE                           |   |
|  | Total  | . 25                                      | Minus                                 | " 0                           | 29                          | -0                                 |          | X\$ 9=/    | ,                      | OR      | X\$18=              |  |   |
|  | Independent                                    | . 3                                       | Minus                                 | ***                           | 3                           | -0                                 |          | X42-\      |                        | OR      | X84=                |  | l |
| 2  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                               |                             |                                    |          |            |                        |         | +280=               |  | ۱ |
|  |  |   |                                       |                               |                             |                                    |          |            | \                      | OR      | *0****              |  | ł |
|  |  |   |                                       |                               |                             |                                    |          |            | L                      | OR      | ADDIT. FEE          |  | ł |
| _  |  | (Column 1) T CLAIMS                       |                                       | (Colu                         | mn 2)<br>4€\$1              | (Column 3)                         | י        |            | 1001                   |         |                     | 4001   | ł |
| AMENDMENT B  |  | REMAINING<br>AFTER                        |                                       |                               | BER                         | PRESENT<br>EXTRA                   |          | RATE       | ADDI-<br>TIONAL        |         | RATE                | ADDI-<br>TIONAL                                  | l |
|  | · - · <u>·</u>                                 | AMENDMENT                                 |                                       | PAIS                          |                             | - Sim                              | 1        | , 122 1122 | FEE                    | _       |                     | FEE  | l |
|  | Total  | QS  | Minus                                 | 10                            | 4                           | =                                  |          | X\$ 9=     |                        | ØÁ      | X\$18=              | ,  | ŀ |
|  | Independent                                    | 5   | Minus                                 | - C                           | )(                          | -/                                 |          | X42=       |                        | OR      | X84=                |  | l |
|  | FIRST PRESENTATION OF MULTIPLE                 |   |                                       | EPENDENT CLAIM                |                             |                                    | J        |            | /                      |         |                     |  | ١ |
|  |  |   |                                       |                               |                             |                                    |          | +140=/     |                        | OR      | +280=/              |  | I |
|  |  |   |                                       |                               |                             |                                    |          | ADDIT, FEE |                        | OR      | ADDIT FEE           |  | l |
|  |  | (Column 1)                                |                                       |                               | mn 2)                       | (Column 3)                         | <u> </u> | (          |                        |         |                     |  |   |
| AMENDMENT C  |  | CLAIMS<br>REMAINING                       |                                       |                               | REST<br>BER                 | PRESENT                            |          |            | ADDI-                  |         |                     | ADDI-  | ١ |
|  |  | AFTER<br>AMENDMENT                        |                                       |                               | OUSLY                       | EXTRA                              |          | RATE       | TIONAL<br>FEE          |         | RATE                | TIONAL<br>FEE                                    | I |
|  | Total  | •   | Minus                                 | **                            |                             | -                                  |          | X\$ 9=     |                        | OR      | X\$18=              |  | 1 |
|  | Independent                                    |   | Minus                                 | ***                           |                             | 6                                  | 1        | X42=       |                        | 1       | X84=                | <del>                                     </del> | 1 |
| lacksquare   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                               |                             |                                    | ]        | ~~~        |                        | OR      |                     | <del> </del>                                     | ł |
| . If the same to saturate the least than the saturate saturate to continue the saturate the satu |  |   |                                       |                               |                             |                                    |          |            |                        | OR      | +280=               |  |   |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."   |  |   |                                       |                               |                             |                                    |          |            |                        | OR      | TOTAL<br>ADDIT. FEE |  |   |
| -  | The "Highest Nu<br>The "Highest Nu             | umber Previously P<br>mber Previously Pa  | raid For IN TI<br>Ild For (Total      | nis Space<br>or Independ      | iti easi ai<br>iti ei (Insl | an 3, enter "3."<br>e highest numb |          |            | propriate bo           | x in co |                     |  |   |
|  | -  |   | •                                     |                               |                             |                                    |          |            |                        |         | (                   |  | . |